

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033830

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8346

FILED AUG 22 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Lemay 25

d. STREET ADDRESS

(If outside, give location)  
417 Ruthland Dr.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First OSCAR

Middle A. KULESSA

Last

4. DATE OF DEATH

Month

Day

Year

AUG

15

1963

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. Married

Never Married ☒ Widowed ☐

## 8. DATE OF BIRTH

8/25/1898

## 9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

## 10b. KIND OF BUSINESS OR INDUSTRY

Monsanto Chem.

## 11. BIRTHPLACE (City and state or country)

Hubertusheute Germany

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Franz Kulessa

## 13b. MOTHER'S MAIDEN NAME

Bertha Breuche

## 14. NAME OF HUSBAND OR WIFE

Elizabeth Kulessa

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Eliz. Kulessa 417 Ruthland Dr. 25

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ADENOMACARCINOMA OF RIGHT LUNG WITH METASTASES

## INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 10/12/62 to 8/15/63 and last saw him alive on 8/15/63.

Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

8/15/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

8/19/63

## 23c. NAME OF CEMETERY OR CREMATORY

SS Peter & Paul Cem

## 23d. LOCATION (City, town, or county)

St. Louis Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Fendler Und. Co. 7420 Michigan 11

## 25. DATE RECD. BY LOCAL REG.

AUG 16 1963

## 26. REGISTRAR'S SIGNATURE

Carl Smith. M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. G. Peterson*

Licensed Embalmer No.

*3767*

P. O. Address

*7420 Michigan 11*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.